

# Strand Medical



## Health and Safety Policy

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# Strand Medical

# Strand Medical

## **Health & Safety Policy Summary**

This Health and Safety Policy is implemented by Strand Medical to comply with Health and Safety regulations, including the Health and Safety at Work Act 1974, Safety at Work Regulations 1999, and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). The policy aims to enable employees, contractors, and visitors to conduct their activities safely and without risk to their health and wellbeing. Strand Medical's policy is to provide safe working conditions for employees, patients, and visitors, provide safe equipment and work systems, offer information, training, and supervision, accept responsibility for the health and safety of others affected by their activities, consult with employees on health and safety matters, and prevent accidents and work-related ill health.

**Supporting Policies:** This policy is supported by other detailed policies that should be read in conjunction with it. These include policies on Fire Safety, Waste Disposal, Infection Control, COSHH, Display Screen Equipment, Eye Sight Test, Risk Assessment, Zero Tolerance and Verbal Abuse, Information Governance, Business Continuity Plan, Staff Handbook and Policies, Home Visit Policy for Nurses and HCAs, Wheelchair Use Protocol, and Portable Appliance Policy. These supporting policies are reviewed and updated concurrently with this Health and Safety Policy to ensure consistency.

**Applicability and Organisation:** This policy aims to provide and maintain a healthy and safe workplace by ensuring safe systems of work for all practice employees. The practice will also ensure a safe working environment and equipment, along with suitable information, instruction, and training for employees' health and safety. All practice employees have a duty to work safely and avoid harming themselves or others on the premises. Employees are encouraged to report any health and safety concerns to the practice partners. The practice also has a duty of care towards visitors and contractors, providing them with sufficient information to ensure their health and safety and managing their actions to prevent harm to employees or themselves. The Practice Business Manager holds overall responsibility for health and safety, ensuring the policy is effectively implemented and maintained in accordance with the Health and Safety at Work etc. Act 1974. They are responsible for ensuring sufficient resources are available. The policy will be reviewed annually or after significant changes. Partners and Line Managers are responsible for continuous monitoring and improvement of staff Health and Safety.

**Responsibilities:** The Partners have overall responsibility for meeting and monitoring all Health and Safety standards, with the Practice Business Manager ensuring the policy is put into practice. Employees are responsible to the Practice, themselves, and their colleagues to work safely within provided guidance. They are also responsible for identifying and reporting health, safety, and environmental issues that may affect themselves or others. Key personnel with specific responsibilities include the Practice Business Manager (monitors, reviews, informs, trains, investigates incidents, reports to HSE), Deputy Practice Manager (monitors and reviews policy), HR and Finance Officer (Health and Safety Officer, Fire Safety Officer, manages risk assessments, ensures training, records regular activities), Lead Nurse (oversees nursing team, ensures clinical H&S, cooperates on clinical risk assessment, acts as Fire Warden, manages infection control and clinical

# Strand Medical

waste, reports significant events), and First Aider (provides first aid and processes reports).

**Communication and Consultation:** All employees are reminded annually about their health and safety responsibilities, and any changes are presented at regular practice meetings. The Health and Safety Policy and supporting policies are available on the shared drive and in printed form. Information can also be found on the HSE website. Any incidents or faults that have caused or may cause harm must be reported to the Practice Business Manager.

**Reporting and Recording of Accidents and Incidents:** All incidents, including near misses, must be logged in the accident book and reported immediately to the Practice Business Manager or Line Manager by involved staff or witnesses. The Incident Report Form (Appendix 1) is located by the resuscitation trolley, and completed forms are given to the Governance lead for submission to the HSE Authority if relevant. Under RIDDOR, reportable incidents include fatalities, major injuries, absences of more than three days, injuries to non-employees requiring hospital treatment (or major injuries at a hospital), specified work-related diseases, and specified dangerous occurrences. Reporting can be done online via the HSE website, and staff doing so must inform their Line Manager and/or Practice Business Manager for follow-up.

**Induction and Training:** New employees receive health and safety induction from their Line Manager using the H&S Induction checklist (Appendix 2). All staff receive annual training on Fire Safety and Manual Handling as mandatory training. Refreshers on Display Screen Equipment use and Infection Control are organized as needed. Fire Wardens receive specialized external training, and any new fire wardens will be trained immediately. All training is recorded via the BlueStream Academy website.

**Monitoring and Inspection:** The effectiveness of this policy is determined by monitoring and evaluation of its implementation. Policy review may occur following significant accidents, incidents, near misses, dangerous occurrences, increases in incident trends, cases of ill-health, organisational changes, changes in key personnel, changes in law or guidance, introduction of new technology, or H&S monitoring (audit/inspection/investigation).

**Risk Assessment:** A hazard is something with the potential to cause harm, and risk is the likelihood of that harm being realised. Formal risk assessments are carried out annually to ensure the effectiveness of control measures and identify necessary improvements. Findings are recorded in a spreadsheet including hazard location, type, affected people, controls, risk level, required action, responsible staff, and deadlines. Completed risk assessments are reviewed by the Practice Business Manager, HR and Finance Officer, and Line Managers. Actioned tasks are recorded, and staff are informed of assessment results. All staff are responsible for reporting potential hazards. The risk assessment procedure involves: 1) Identifying hazards, 2) Identifying who might be harmed, 3) Evaluating risks and controls, 4) Recording findings for various purposes (insurance, safety management, communication, legal proof), and 5) Reviewing the assessment for significant changes. The practice uses a risk rating scale of 1-12.

# Strand Medical

**Testing and Use of Electrical Equipment:** All electrical equipment is purchased from trusted suppliers and is PAT tested and labelled within one year of purchase, with annual PAT testing for continued safety. Electrical office equipment (PCs, monitors, printers) is supplied, tested, and maintained by SCW.

**First Aid:** The Practice maintains suitable and sufficient first-aid arrangements as required by regulations. Employers must appoint and train an adequate number of suitable first-aid personnel. The qualified First Aiders are currently the Practice Business Manager and the Deputy Practice Manager.

**Hygiene and Handwashing:** All staff follow standard hygiene principles to prevent the spread of bacteria and infectious agents. Anti-bacterial hand soap is available in toilets, kitchens, and by sinks, with alcohol rub in consulting/treatment rooms and patient corridors. Handwashing is mandatory at specific times, including after removing protective clothing, between patient contacts, after contact with body fluids, before/after invasive procedures, before handling food/drink, after toilet use, before examining infants/susceptible persons, and upon arrival/departure. Cuts should be covered with waterproof, breathable dressings. Seamless, non-powdered gloves should be worn when contact with body fluids is expected, with powder-free natural rubber latex gloves for potential blood contact and sterile gloves for invasive procedures. Sharps should be handled carefully and disposed of immediately in approved containers without re-sheathing.

**Kitchen and Food Hygiene:** The cleaning company handles kitchen cleaning as part of their schedule. Fridge contents are regularly checked, cleaned, and disinfected. All staff are responsible for disposing of their food before the expiry date and for immediate disposal of spoiled food.

**Lone Working:** A lone worker works without close supervision or without visual/audible communication in case of an incident. Managers and staff share responsibility for ensuring safe working arrangements based on risk assessment. Higher risks require greater supervision, such as regular contact. Lone workers should, where possible, control building/room access, lock themselves in after hours (with quick exit options), verify identity before granting access, know emergency escape routes, check telephone access, keep valuables out of sight, and contact the police immediately if assaulted or threatened. Verbal abuse or indecent calls should be reported immediately.

**Pandemics & Seasonal Infections:** The Practice follows and complies with national guidance on infection prevention and control for seasonal respiratory infections.

Appendices: Appendix 1 contains the Incident Report Form, and Appendix 2 is the Health and Safety Induction Checklist.

# Strand Medical

# Strand Medical

## Index

1. INTRODUCTION.....	8
2. SUPPORTING POLICIES.....	8
3. APPLICABILITY AND ORGANISATION .....	9
4. RESPONSIBILITIES.....	9
5. COMMUNICATION AND CONSULTATION .....	10
6. REPORTING AND RECORDING OF ACCIDENTS AND INCIDENTS .....	10
7. INDUCTION AND TRAINING .....	11
8. MONITORING AND INSPECTION.....	11
9. RISK ASSESSMENT .....	12
10. TESTING AND USE OF ELECTRICAL EQUIPMENT .....	13
11. FIRST AID .....	13
12. HYGIENE AND HANDWASHING .....	14
13. KITCHEN AND FOOD HYGIENE.....	14
14. LONE WORKING.....	14
15. PANDEMICS & SEASONAL INFECTIONS .....	15
APPENDIX 1 – INCIDENT REPORT FORM.....	16
APPENDIX 2 – HEALTH AND SAFETY INDUCTION CHECKLIST.....	18

# Strand Medical

## 1. Introduction

This policy is produced and implemented in order to keep in accordance with the Health and Safety regulations made under the Health and Safety at Work Act 1974, Safety at Work Regulations 1999 and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) and to enable the organisation to operate effectively thereby allowing employees, contractors and visitors to undertake their activities without risk to their health, safety and wellbeing.

Strand Medical policy on Health and Safety is to:

- Provide and maintain safe and healthy working conditions
- Provide and maintain safe and healthy conditions for patients and visitors
- Provide all employees with safe equipment and systems of work
- Provide information, training and supervision for employees
- Accept responsibility for the health and safety of other people who may be affected by the Practice's activities
- Consult with employees on matters affecting their health and safety
- Prevent accidents and cases of work-related ill health
- Undertake regular risk assessments

## 2. Supporting policies

This policy is supported by other detailed policies which should be read in conjunction with this policy. These policies are reviewed and updated at the same time as Health and Safety Policy in order to keep consistency.

The policies are as follows:

- Fire Safety Policy
- Waste Disposal Policy
- Infection Control Policy
- COSHH Policy
- Display Screen Equipment Policy
- Eye Sight Test Policy
- Risk Assessment
- Zero Tolerance and Verbal Abuse Policy
- Information Governance Policy
- Business Continuity Plan
- Staff Handbook and Policies
- Home Visit Policy for Nurses and HCAs
- Wheelchair Use Protocol
- Portable Appliance Policy

# Strand Medical

## 3. Applicability and organisation

This Health and Safety Policy is to provide and maintain a healthy and safe workplace by ensuring that a safe system of work is provided for all employees at the practice.

Additionally, the practice will ensure that the working environment and provision of equipment is safe and that suitable and sufficient information, instruction and training are provided to employees to ensure their health and safety.

All practice employees have a duty to ensure that they work safely and that their acts or omissions do not result in harm to either themselves or others on the premises. Employees are encouraged to bring to the attention of the practice partners any concerns relating to health and safety issues.

The practice also recognises its duty of care towards others, including visitors and contractors. These persons will be provided with suitable and sufficient information to ensure their health and safety. Additionally, the actions of visitors and contractors will be managed so as not to cause harm to our employees or themselves.

Overall responsibility for health and safety at the practice is held by the Practice Business Manager.

Their role is to ensure that the policy is effectively implemented and maintained so that the practice keeps within the requirements of the Health and Safety at Work etc. Act 1974. They will ensure sufficient resources are available to manage the policy's effective implementation.

This policy will be subject to an annual review or when there are any significant changes.

All Partners and Line Managers are responsible for continuous monitoring and improvement of staff Health and Safety.

## 4. Responsibilities

The Partners have overall responsibility for ensuring that all Health and Safety standards are met and monitored with the Practice Business Manager ensuring that the policy is put into practice.

Employees have a responsibility to the Practice, themselves and their colleagues, such that they are required to work safely and within the guidance that the Practice provides. Employees are also responsible for identification of problems and notification to management of any health, safety and environmental issues, which may affect them or others such as other employees, students, registrars, other HCP personnel and visitors.

Selected personnel responsible for organisation of the policy are as follows:

Role	Responsibilities
1. Practice Business Manager	Monitors and reviews the policy and makes sure that all employees are appropriately informed and trained. Investigates incidents and accidents and responsible for reporting to the HSE Authority.

# Strand Medical

2. Deputy Practice Manager	Monitors and reviews the policy with the Practice Business Manager
3. HR and Finance Officer	<p>Acts as Health and Safety Officer and Fire Safety Officer.</p> <p>Manages risk assessments in cooperation with other Line Managers.</p> <p>Assures appropriate training for staff is organised and the training log is up to date.</p> <p>Makes sure that all regular activities are taken and recorded, e.g. Risk Assessment, Fire Awareness training, Fire alarms and systems tests</p>
4. Lead Nurse	<p>Oversees the Nursing Team and ensures the appropriate Health and Safety precautions are taken in the clinical environment.</p> <p>Cooperates with Admin on clinical Risk Assessment.</p> <p>Acts as Fire Warden.</p> <p>Manages Infection control and Clinical waste.</p> <p>Reports any significant events to the Practice Business Manager.</p>
4. First Aider	<p>Provides First Aid to staff, visitors and patients when necessary and processes all connected reports.</p> <p>Reports to the Practice Business Manager.</p>

## 5. Communication and consultation

All employees are at least once yearly reminded about their responsibilities in regards to Health and Safety and any changes are presented at regular Practice meetings in order to keep all employees up to date with the latest development or improvement.

The Health and Safety Policy as well as supporting policies can be found on the shared drive S:\~Emis-Shared-Folder\Shared\Policies\Health & Safety as well as in printed form in the Duty team / Reception Hub.

Detailed information about Health and Safety at work can be also found on the HSE website [www.hse.gov.uk](http://www.hse.gov.uk).

Any incidents or faults (even transient faults which appear to have righted themselves) which have or may have caused harm to staff, visitors or patients are reported to the Practice Business Manager so that lessons can be learned and precautions taken in order to prevent this from happening in the future.

## 6. Reporting and recording of accidents and incidents

When an incident occurs, whether it involves injury or not (e.g. a “near miss”), it must be logged in the accident book and reported to the Practice Business Manager or Line Manager immediately by every staff member that was involved or is a witness.

# Strand Medical

Incident Report form – Appendix 1 – can be found by the resuscitation trolley. Completed form is handed to the Governance lead who submits it to the HSE Authority immediately where relevant.

Under RIDDOR the following types of incidents must be reported. The full range of incidents and diseases is given later in these guidance notes.

- Accidents which result in an employee or self-employed person dying, suffering from a major injury, or being absent from work or unable to do their normal duties for more than three days.
- Accidents that result in a person not at work (e.g. patients, visitors) suffering an injury and being taken to a hospital, or if the accident happens at a hospital, suffering a major injury.
- An employee or self-employed person suffering one of the specified work-related diseases.
- One of the specified 'dangerous occurrences'. These do not necessarily have to result in injury but have the potential to do significant harm.

This can be done online via the HSE web page.

Staff members submitting an incident or accident via the HSE online form will upon completing the report inform their Line Manager and/or Practice Business Manager of doing so in order for the management to follow up accordingly.

## **7. Induction and training**

New employee induction to Health and Safety is done by the Line Manager during the overall induction at the beginning of employment. H&S Induction checklist – Appendix 2 – is used by the Line Managers in order to ensure that all areas are covered.

All staff are annually trained on Fire Safety and Manual Handling as part of their mandatory training. Refreshers sessions on, Display Screen Equipment use and Infection Control are organised when needs are identified.

The Fire Wardens attended specialised training outside of the Practice. In case these responsibilities are taken over by another employee, training will be organised immediately.

All training sessions are recorded via the BlueStream Academy website for evidence.

## **8. Monitoring and inspection**

Effectiveness of this policy is determined by the monitoring and evaluation of its implementation, monitoring and evaluation procedures will be used to achieve this.

Review of the policy may also take place following:

- Significant accidents, incidents, near misses or dangerous occurrences
- Increase in trend of particular type of incident
- Case of ill-health
- Organisational changes / change in circumstance

# Strand Medical

- Changes in key personnel
- Changes to law or guidance
- Introduction of new technology – new work procedure
- H&S monitoring (e.g. audit / inspection / investigation)

## 9. Risk assessment

Hazard is understood to be something with the potential to cause harm and risk is the likelihood of the harm being realised.

In the workplace, formal risk assessments must be carried out in order to ensure that the many control measures in place are effective and if not, to find out what needs to be done to improve them.

Risk Assessment is carried out annually.

Findings are recorded by the in a spreadsheet with the following identified:

- Place of hazard
- Type of hazard
- People affected
- Risk control in place
- Risk level
- Action required
- Staff responsible
- Deadline

Completed Risk Assessment is reviewed by the Practice Business Manager, HR and Finance Officer and Line Managers. Date when task resulting from the assessment is actioned is recorded in the spreadsheet and staff are informed about the results of the assessment.

All staff are responsible for reporting potential hazard to their Line Manager or Practice Business Manager when identified.

Procedure:

### 1) Identify the hazards

Hazards which you could reasonably expect to result in harm under the conditions of use in your workplace to be identified. These could be slipping & tripping hazards caused by poorly maintained floors. They could be the exposure to harmful substances or excessive noise. Fire is another major hazard should also be considered.

### 2) Identify who might be harmed

The people who may be affected by the hazard have to be considered, may it be individual or group of staff. There may be a particular hazard or process which may give rise to risk that is performed by several different individuals or groups of staff. Members of the public, patients and visitors, office staff, people and staff with disabilities, inexperienced or young employees, maintenance personnel etc. should all be considered.

# Strand Medical

## 3) Evaluate the risks and how they are controlled

Each significant hazard must be evaluated. Assess that all of the legal requirements been satisfied where they apply. Adequacy of measures of control must be considered. A "low", "medium", "high" or "very high" judgement is adequate. The practice adopted a scale of 1-12 risk rating for their risk register.

## 4) Record the findings

A record of the findings will cover several needs:

- a) Insurance assessment information
- b) Information for safety management and representation systems
- c) Information to pass onto those who may be affected by the risks
- d) Records for informing employees
- e) Proof of assessment in the event that an enforcement officer may wish to inspect the undertaking
- f) Evidence in the case of an untoward incident

A simple record pro-forma follows this guidance that is based on the HSE's Five Steps process. This should serve as an acceptable record for most assessments.

## 5) Review the assessment

The findings will be reviewed to keep them in line with changes in working practices or the workplace.

There is no need to review assessments in the light of minor changes, but it is important to take account of any significant change that may affect the Health & Safety of people.

## **10. Testing and use of electrical equipment**

All electrical equipment at the Practice is purchased from a trusted supplier and is PAT tested and labelled within one year of its purchase. All electric equipment is PAT tested annually in order to maintain safety of usage.

Electrical office equipment such as personal computers, monitors and printers is supplied, tested and maintained by SCW.

## **11. First aid**

The Practice maintains suitable and sufficient first-aid arrangements within its premises as required by the Health & Safety (First-Aid) Regulations and Approved Code of Practice (ACOP).

The duty to provide first-aid personnel require employers to appoint and train an adequate and appropriate number of suitable persons, having regard to the particular workplace, in order to render first-aid to ill or injured employees at work.

The qualified First Aiders are currently the Practice Business Manager and the Deputy Practice Manager.

# Strand Medical

## 12. Hygiene and handwashing

All staff follow the standard principles of hygiene, which is necessary to prevent the spread of bacteria, and infectious agents from spreading and causing illness.

Anti-bacterial hand soap is available to all staff, patients and visitors at toilets, kitchens and by all sinks in consulting and treatment rooms. Alcohol rub is kept in all consulting and treatment rooms and in patient corridors.

Instruction chart is displayed in all clinical and treatment rooms. Handwashing must be carried out:

- After removal of protective clothing
- Between patient contacts
- After contact with blood and body fluids
- Before and after invasive clinical procedures
- Before handling food or drink
- After visiting the toilet
- Before examining infants or susceptible persons
- On arrival and before leaving the Practice

Cuts and abrasions in any area of exposed skin should be covered with a dressing which is waterproof, breathable and is an effective viral and bacterial barrier.

Seamless, non-powdered gloves should be worn whenever contact with body fluids is expected. Potential contact with blood or blood stained body fluids requires powder-free natural rubber latex gloves to minimise risks relating to virus permeability. Sterile gloves are required for invasive procedures.

Care should be taken during the use and disposal of sharps. Sharps should never be re-sheathed and should be disposed of at the point of use into an approved sharps container. Containers should not be over-filled.

## 13. Kitchen and food hygiene

Cleaning of kitchens is done by the cleaning company as part of their CQC cleaning schedule and checklist.

The contents of the fridges are regularly taken out and the insides properly cleaned and disinfected. All staff are responsible for disposing of the food they store in the fridges before expire date. Any spoiled or old food should be disposed of immediately.

## 14. Lone working

The Lone worker is someone who works by themselves without close or direct supervision. Employees are also considered to be working alone if they have neither visual nor audible communication in the event of an incident.

Both managers and staff have a responsibility to ensure working arrangements are as safe as possible.

# Strand Medical

The level of supervision required is a management decision, which should be based on the findings of risk assessment. The higher the risk, the greater the level of supervision required e.g. a Line Manager may arrange for the lone worker to be contacted at regular intervals through the shift.

Where there is a situation where members of staff are in a lone working scenario, they should where possible ensure most / all of the following items are adhered to:

- Ensure that you have control of the access to the building/room
- Lock themselves in after closing hours, whilst ensuring they can get out quickly if necessary
- Only give access to others if you are sure that you know who they are
- Be aware means of escape from the building in an emergency, e.g. fire doors
- Check access to a telephone
- Keep valuables - handbags, cases, equipment etc. out of sight
- If assaulted or threatened contact the Police immediately on 999
- If verbally abused or receive indecent telephone calls report the matter immediately

## **15. Pandemics & Seasonal infections**

The Practice follows and complies with the Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2).

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations>

# Strand Medical

## Appendix 1 – Incident Report Form

### Incident Report Form

Describe the good practice; incident or near miss below. Patient details do not need to be recorded, however please ensure you keep adequate history of the event in order to discuss the issue fully.

Please ensure you complete in full and send/give the form to the Practice Business Manager or Deputy Practice Manager in his absence.

This issue will be raised at a Clinical Governance Team Meeting in due course.

Date of incident:		Time of incident:					
Incident location:							
<i>e.g. reception, House 6 kitchen etc</i>							
Person affected: <i>please mark X in appropriate box</i>		Name:					
Staff member		If staff member job title:					
Patient							
Member of Public							
Description of incident: <i>please circle most appropriate</i>							
Trip	Fall	Bruise	Burn	Breakage	Violence	Verbal	Other
Action taken:							

Cont'd

# Strand Medical

Outcome:			
Follow up necessary	Y	N	If 'Yes' what follow up is suggested and when
Incident closed by:			
Name:			
Job title:			
Date:			

Follow up comments

# Strand Medical

## Appendix 2 – Health and Safety Induction Checklist

### Health and Safety Induction Checklist

Employee name: .....

Start date: .....

Line Manager: .....

Date of induction: .....

Please ask if you do not understand any of the information given to you. Tick each box if you are satisfied that these points have been covered.

#### Day 1

Basic health and safety issues relating to your job	
Welfare facilities and arrangements (washing facilities, rest rooms, kitchen, etc)	
How to report any incident, accident or near miss	
How to report any problem or concern	
How to call upon First Aid support if required	
Advise about emergency procedures in the case of fire or other alarm	
General dangers from slips, trips and falls within the working environment	
Other commonly known risks within the workplace	
General basic rules of safe manual handling	
Basic understanding of electrical safety	
Any specific workplace rules / codes of practice / procedures	
Where can other relevant information and guidance be found	
Names of key health and safety staff	

# Strand Medical

## Week 1-2

Working with display screen equipment	
Manual handling training	
Working with hazardous substances – procedures and risks	
Visual check of portable electric appliances	
Lone working and dealing with threatening and aggressive behaviour	
Infection control	
Identification of other training needed	

## Managers Comments/Notes

Copy 1 – Employee

Copy 2 – Manager

Employee signature: ..... Date: .....

Line Manager signature: ..... Date: .....